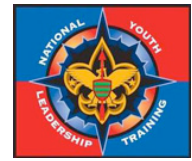




# Monmouth Council, BSA National Youth Leadership Training Prescription Medication Registration



Dear Parent or Guardian:

For the health and safety of the participants at NYLT, prescription medications are managed by the NYLT Medical Officer. All youth medications must be turned into the NYLT Medical Officer at registration. Only medications in their *original prescription containers* will be accepted. Remove excess medications not needed and store them safely at home so they can be returned to their containers after the course. At the conclusion of the course, it is the responsibility of the Scout to retrieve remaining medication(s) and containers.

Fill in this form and place in a zip-lock bag with the medication(s):

- ✓ Ailment: Reason for the medication.
- ✓ Medication: Name of the medication.
- ✓ Dosage: How much to take or use each scheduled time. (i.e. 2 tablets, 1 squirt)
- ✓ Schedule: How often the medication should be taken. (Check off the appropriate times and any special instructions.)
- ✓ Initial the item and then sign at the bottom.

Emergency medications such as inhalers or Epi-pens, should be brought in pairs. One is to be turned in with this form, the other should be kept with the youth.

It is the responsibility of the Scout to take their medications on schedule. The Scout must see the assigned medical officer to take their medication(s).

Ailment	Medication	Dosage	Schedule	Initials
			<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM <input type="checkbox"/> Bed <input type="checkbox"/> As needed <input type="checkbox"/> Other :	_____
			<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM <input type="checkbox"/> Bed <input type="checkbox"/> As needed <input type="checkbox"/> Other :	_____
			<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM <input type="checkbox"/> Bed <input type="checkbox"/> As needed <input type="checkbox"/> Other :	_____
			<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM <input type="checkbox"/> Bed <input type="checkbox"/> As needed <input type="checkbox"/> Other :	_____

If you would like your son to receive over-the-counter medications from NYLT, please use the Over the Counter Medications form on the reverse side.

I hereby give permission for the NYLT Adult Staff to give my child the medication(s) listed above. I have reviewed the medication information I have provided above and certify that it is accurate.

Scout's Name \_\_\_\_\_ Troop \_\_\_\_\_

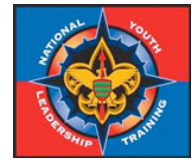
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your assistance in assuring the safety & enjoyment of Scouts at National Youth Leadership Training***





# Monmouth Council, BSA National Youth Leadership Training



## Over the Counter Medications

Dear Parent or Guardian:

In accordance with current policies regarding medication distribution in camps, the following is a list of medications available from the NYLT medical officer. If you want your son to be able to receive any of the following medications, please check your preferences, initial the item and sign below. All medications are given *only as directed* and *only with your permission*.

If you want your son to have OTC medications other than those listed, please fill in the ailment, symptoms, medication, dosage and initial and supply the medications. Prescription medications must listed the Prescription Medication Registration on the reverse side.

Ailment	Symptoms	Medications	Dosage	Initials
Headache	Pain in the head with the pain being above the eyes or ears, behind the head (occipital), or in the back of the upper neck, not associated with a trauma.	<input type="checkbox"/> Tylenol tablet	_____ @ 325mg ea	_____
Allergic reaction	Swelling and pain from bee sting. Sneezing, nasal running and water eyes from hay fever.	<input type="checkbox"/> Diphenhydramine (generic <i>Benydril</i> )	1 ea 25mg tablet	_____
Upset stomach	Pain in the abdomen, without nausea or diarrhea	<input type="checkbox"/> Tums	Tablets	_____
Sore throat	Pain in the throat, horse and painful voice, painful swallowing.	<input type="checkbox"/> Cough drop		_____
Diarhea	Loose or water bowel movements twice in one hour	<input type="checkbox"/> Loperamide Hydrochloride (generic <i>Immodium</i> )	<input type="checkbox"/> 2mg tablets <input type="checkbox"/> Adult dosage	_____
Cough		<input type="checkbox"/> Cough drop		_____
<b>Parent Supplied Over the Counter Medications</b>				
				_____
				_____

All parent supplied medications must be in their original containers. Remove excess medication and store at home. Place in a plastic bag with this form and turn in to the Medical Officer at registration. If your son requires prescription medications use the Prescription Medications form on the reverse side

I hereby give permission for the NYLT Adult Staff to give my child the medication(s) listed above. I have reviewed the medication information I have provided above and certify that it is accurate.

Scout's Name \_\_\_\_\_ Troop \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your assistance in assuring the safety & enjoyment of Scouts at National Youth Leadership Training***

